



Annual Report of Operations for Year 2018

Received
MAR 11 2019

To comply with NPDES General Permit No. WAG130000 for Federal
Aquaculture Facilities and Aquaculture Facilities Located in Indian
Country within the Boundaries of the State of Washington

NPDES # for your Facility:

WAG 130022

Facility & Owner Information

Facility Name: <u>U.S. Fish and Wildlife Service, Quilcene National Fish Hatchery</u>	
Operator Name (Permittee): <u>Department of the Interior</u>	
Address: <u>281 Fish Hatchery Road</u> <u>Quilcene, Washington 98376</u>	
Email: <u>dan_magneson@fws.gov</u>	Phone: <u>360-765-3334</u>
Owner Name (if different from operator): <u>Dan Magneson</u>	
Email:	Phone:

Best Management Practices (BMP) Plan

Has the BMP Plan been reviewed this year? ☒ Yes ☐ No

Does the BMP Plan fulfill the requirements of the General Permit? ☒ Yes ☐ No

Summarize any changes to the BMP Plan since the last annual report. Attach additional pages if necessary.

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Operations and Production

Total harvestable weight produced in the past calendar year in pounds (lbs): 31,421
Pounds of food fed to fish during the maximum month: 4,752 lbs.

List the species grown or held at your facility and the annual production of each in gross harvestable weight. If fish were released rather than harvested, list the weight at time of release.

Species	Fish Produced	Receiving Water(s) to which Fish were Released	Month Released/ Spawned
<u>Coho</u>	<u>35,456 lbs.</u>	<u>Big Quilcene River</u>	<u>April 2018</u>

Fill in the table below with production numbers from the past year. List the **maximum** amount of fish on-site and the maximum amount of food fed **per month**.

Month	Total Fish (lbs)	Fish Feed (lbs)	Month	Total Fish (lbs)	Fish Feed (lbs)
January	<u>25647</u>	<u>2024</u>	July	<u>9342</u>	<u>2552</u>
February	<u>28603</u>	<u>2420</u>	August	<u>14658</u>	<u>3916</u>
March	<u>33894</u>	<u>4752</u>	September	<u>16696</u>	<u>2552</u>
April	<u>38190</u>	<u>3960</u>	October	<u>18289</u>	<u>2332</u>
May	<u>5227</u>	<u>1848</u>	November	<u>18929</u>	<u>1408</u>
June	<u>6445</u>	<u>1540</u>	December	<u>19622</u>	<u>1236</u>

Additional Comments:

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Solid Waste Disposal

Describe the solid waste disposed of during the calendar year (including fish mortalities).

Type of Solid Disposed	Date Disposed	Location Disposed

Additional Comments: *Fish Mortalities to Landfill Operation via Commercial Garbage Hauler. Adult (Spawned + Pond Mortality Only) Buried on Station Property.*

Fish Mortalities

Include a description and the dates of mass mortalities in the past year (more than 5% per week). Attach additional pages, if necessary. Include total mortalities from all causes.

Date	Cause of Deaths	Steps Taken to Correct Problem	Pounds of Fish

Additional Comments:

No Instances of Mass Mortalities During 2018

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Noncompliance Summary

Include a description and the dates of noncompliance events (including spills), the reasons for the incidents, and the steps taken to correct the problems. Attach additional pages, if necessary.

None

Inspections & Repairs for Production & Wastewater Treatment Systems

Date Inspected	Date Repaired	Description of System Inspected and/or Repaired
<i>May 2018</i>	<i>None Needed</i>	<i>All Fish Production-Related Piping Fixtures and Concrete Surfaces</i>

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Aquaculture Drugs and Chemicals

Please indicate whether you used each drug/chemical **during the past calendar year**.

Describe the use of each drug/chemical in more detail on the following pages.

Used in the past year?	Drug or Chemical
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Azithromycin
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Chloramine-T: <i>See additional reporting requirements on page 7</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Chlorine
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Draxxin
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Erythromycin - injectable
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Erythromycin - medicated feed
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Florfenicol (Aquaflor)
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Formalin - 37% formaldehyde: <i>See additional reporting requirements on page 7</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Herbicide - describe:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hormone - describe:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hydrogen Peroxide: <i>See additional reporting requirements on page 7</i>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Iodine: <i>See additional reporting requirements on page 7</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Oxytetracycline
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Potassium Permanganate: <i>See additional reporting requirements on page 7</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Romet
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	SLICE (emamectin benzoate)
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Sodium Chloride - salt
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Vibrio vaccine <i>No Net Pen Transfer in 2018.</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other:

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Aquaculture Drugs and Chemicals (cont'd)

Describe all drug and/or chemical treatments that occurred during the year. Fill out the information below for each drug or chemical, plus page 7 for water-borne treatments. Attach additional pages as necessary.

Brand Name: <i>Western Chemical</i>		Generic Name: <i>Parasite-S</i>	
Reason for use:			
<input checked="" type="checkbox"/> Preventative/Prophylactic <input type="checkbox"/> As-needed	Total quantity of formulated product per treatment (specify units): <i>4.8 gallons</i>	Total quantity of formulated product used in past year (specify units): <i>308 gallons</i>	
Date(s) of treatment: <i>August 29 - December 26, 2018</i>		Total number of treatments in past year: <i>55</i>	
Maximum daily volume of treated water:	Treatment concentration (specify units):	Duration and frequency of treatment(s): <i>M-W-F 4.8 gallons dispensed over 85 minutes into 300 gpm flows</i>	
Method of application:	<input type="checkbox"/> Static Bath <input checked="" type="checkbox"/> Flow-through	<input type="checkbox"/> Medicated Feed <input type="checkbox"/> Other (describe):	
Location in facility chemical was used (check all that apply):	<input checked="" type="checkbox"/> Raceways <input type="checkbox"/> Incubation building	<input type="checkbox"/> Ponds <input type="checkbox"/> Off-line settling basin	<input type="checkbox"/> Other (describe):
Where did water treated with this chemical go? (check all that apply):	<input type="checkbox"/> Discharged w/o treatment <input checked="" type="checkbox"/> Settling basin	<input type="checkbox"/> Septic System <input type="checkbox"/> Publicly owned treatment works	<input type="checkbox"/> Other (describe):
Provide any additional information about how this chemical was used and/or special pollution prevention practices during use: <i>Metered out by pump. All is routed to EPA Settling Pond</i>			

Brand Name: <i>Hack</i>		Generic Name: <i>25569-00 Free Chlorine Reagent Set</i>	
Reason for use: <i>Measure/Monitor Free Chlorine Levels</i>			
<input checked="" type="checkbox"/> Preventative/Prophylactic <input type="checkbox"/> As-needed	Total quantity of formulated product per treatment: <i>each set = 946 mls</i>	Total quantity of formulated product used in past year (specify units): <i>9 sets of reagents = 8514 mls</i>	
Date(s) of treatment: <i>January 1, 2018 - December 31, 2018</i>		Total number of treatments in past year: <i>All 365 Days</i>	
Maximum daily volume of treated water: <i>per 24 hours 1,938,240 gallons</i>	Treatment concentration (specify units):	Duration and frequency of treatment(s):	
Method of application:	<input type="checkbox"/> Static Bath <input checked="" type="checkbox"/> Flow-through	<input type="checkbox"/> Medicated Feed <input type="checkbox"/> Other (describe):	
Location in facility chemical was used (check all that apply):	<input type="checkbox"/> Raceways <input type="checkbox"/> Incubation building	<input type="checkbox"/> Ponds <input type="checkbox"/> Off-line settling basin	<input checked="" type="checkbox"/> Other (describe): <i>Isolation Building not used since 2014, so now Domestic Unit only.</i>
Where did water treated with this chemical go? (check all that apply):	<input checked="" type="checkbox"/> Discharged w/o treatment <input type="checkbox"/> Settling basin	<input type="checkbox"/> Septic System <input type="checkbox"/> Publicly owned treatment works	<input type="checkbox"/> Other (describe):
Provide any additional information about how this chemical was used and/or special pollution prevention practices during use:			

*3
C.F.S.
Pie-Settling
Basin
Spills*

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Aquaculture Drugs and Chemicals (cont'd)

Describe all drug and/or chemical treatments that occurred during the year. Fill out the information below for each drug or chemical, plus page 7 for water-borne treatments. Attach additional pages as necessary.

Brand Name: <u>Western Chemical</u>		Generic Name: <u>Oxadine (PVP Iodine)</u>	
Reason for use: <u>Egg Hardening Plus as a General Disinfectant</u>			
<input checked="" type="checkbox"/> Preventative/Prophylactic <input type="checkbox"/> As-needed	Total quantity of formulated product per treatment (specify units): <u>1860 mls</u>	Total quantity of formulated product used in past year (specify units): <u>22 gallons</u>	
Date(s) of treatment: <u>Every Tuesday starting Sept 25, 2018 through November 6, 2018 (dates inclusive)</u>			Total number of treatments in past year: <u>7</u>
Maximum daily volume of treated water: <u>13 gallons</u>	Treatment concentration (specify units): <u>75 ppm</u>	Duration and frequency of treatment(s): <u>30 minutes</u>	
Method of application:	<input checked="" type="checkbox"/> Static Bath <input type="checkbox"/> Flow-through	<input type="checkbox"/> Medicated Feed <input type="checkbox"/> Other (describe):	
Location in facility chemical was used (check all that apply):	<input type="checkbox"/> Raceways <input checked="" type="checkbox"/> Incubation building	<input type="checkbox"/> Ponds <input type="checkbox"/> Off-line settling basin	<input type="checkbox"/> Other (describe):
Where did water treated with this chemical go? (check all that apply):	<input type="checkbox"/> Discharged w/o treatment <input checked="" type="checkbox"/> Settling basin	<input type="checkbox"/> Septic System <input type="checkbox"/> Publicly owned treatment works	<input type="checkbox"/> Other (describe):
Provide any additional information about how this chemical was used and/or special pollution prevention practices during use: <u>All routed to EPA Settling Pond</u>			

Brand Name: <u>Western Chemical</u>		Generic Name: <u>1.75% Iodine</u>	
Reason for use: <u>Disinfection of fish cultural implements</u>			
<input checked="" type="checkbox"/> Preventative/Prophylactic <input type="checkbox"/> As-needed	Total quantity of formulated product per treatment: <u>00.18</u>	Total quantity of formulated product used in past year (specify units): <u>9 1/2 gallons</u>	
Date(s) of treatment: <u>Year-Round on Outdoor Raceways</u>			Total number of treatments in past year: <u>approx 157 Days worth</u>
Maximum daily volume of treated water: <u>6,379 gallons</u>	Treatment concentration (specify units): <u>0.000600 (67 gallons)</u>	Duration and frequency of treatment(s): <u>A quick dip is all</u>	
Method of application:	<input type="checkbox"/> Static Bath <input checked="" type="checkbox"/> Flow-through	<input type="checkbox"/> Medicated Feed <input type="checkbox"/> Other (describe):	
Location in facility chemical was used (check all that apply):	<input checked="" type="checkbox"/> Raceways <input type="checkbox"/> Incubation building	<input type="checkbox"/> Ponds <input type="checkbox"/> Off-line settling basin	<input type="checkbox"/> Other (describe):
Where did water treated with this chemical go? (check all that apply):	<input checked="" type="checkbox"/> Discharged w/o treatment <input checked="" type="checkbox"/> Settling basin	<input type="checkbox"/> Septic System <input type="checkbox"/> Publicly owned treatment works	<input type="checkbox"/> Other (describe):
Provide any additional information about how this chemical was used and/or special pollution prevention practices during use: <u>It may also be used as a general disinfectant</u>			

"A" Bank
1120
cubic
feet

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Aquaculture Drugs and Chemicals (cont'd)

Additional Reporting Requirements for Water-Borne Treatments

- If a water-borne treatment was used during the calendar year, Permittees must include detailed records/calculations as an attachment to this Annual Report in order to demonstrate how the maximum effluent concentrations of solution and active ingredient were calculated for each chemical.
- EPA recognizes that water-borne treatments may vary in the volume of the vessels treated, concentration, quantity of product, etc. Permittees must provide the information listed in the following tables for a reasonable worst case (i.e., maximum effluent concentration) scenario, not for each individual treatment.
- Permittees must submit this information and calculate the maximum effluent concentration for each water-borne chemical used during the past calendar year.
- See also Appendix D for the Chemical Log Sheet.

Static Bath Treatments <i>See Attached Sheet</i>		
Tank Volume	<i>16 1/2" x 182 1/2" x 5" Egg Trough</i>	Liters
Desired Static Bath Treatment Concentration	<i>75 ppm active solution</i>	µg/L
Volume of Product Needed	<i>1860 mLs</i>	Liters Product
Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient	Solution: Active Ingredient:	Specify Units
Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day	<i>5,400 gallons per minute x 60 minutes x 24 hours = 7,776,000</i>	Specify Units
Maximum % of Facility Discharge Treated	<i>all PVP Iodine to EPA Settling Pond</i> <i>100 % of Total Discharge</i>	

Flow-Through Treatments <i>See Attached Sheet</i>		
Tank Volume		Liters
Calculated Flow Rate		Liters/Minute
Duration of Treatment		Minutes
Desired Flow-Through Treatment Concentration of Product		µg/L
Amount of Product to Add Initially		Liters Product
Amount of Product to Add During Treatment		mL/Minute
Total Volume of Product Needed		Liters Product
Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient	Solution: Active Ingredient:	Specify Units
Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day	<i>5400 gallons per minute x 60 minutes x 24 hours = 7,776,000</i>	Specify Units
Maximum % of Facility Discharge Treated	<i>2.83% 1.75% Iodine</i> <i>% of Total Discharge</i>	

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Changes to the Facility or Operations

Describe any changes to the facility or operations since the last annual report.

None.

Signature and Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly evaluate and gather the information submitted. Based on my inquiry of the person or persons, who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

<i>Daniel M. Magnuson</i>	
Printed name of person signing	Title <i>Assistant Hatchery Manager</i>
Applicant Signature	Date Signed <i>March 6, 2019*</i>

**was a government shutdown this year at usual Jan. 20th deadline. Heard no new deadline date, but did it soon as able.*

Submittal Information

Send the complete, signed information, along with any attachments, to the following address:

U.S. EPA Region 10, OWW-191
Washington Hatchery Annual Report
1200 Sixth Avenue, Suite 900
Seattle, WA 98101-3140

2018 ANNUAL REPORT FOR QUILCENE NATIONAL FISH HATCHERY

CHEMICAL USE IN FISH CULTURE

Western Chemical's Ovadine (PVP Iodine): 1860 mls are used, equating to 0.49 gallons. This is routed to the settling basin and further diluted by the 355,348 gallons of water in the settling basin itself.

This is thus a 0.000001378 total product concentration, and for total active ingredient is 0.000000137

Western Chemical's 1.75% Iodine: the highest concentration would be dipping mortality without pond cleaning. Since mortality is generally at the tail screens and at our 600 g.p.m. flows per raceway it is quickly overflowed out of the raceway, it is being diluted by 9 raceways X 600 g.p.m. each = 5,400 g.p.m. aggregate flows. So 0.0009 gallons per dip of 1.75% Iodine total product concentration is thus 0.000000166, and at its 1.75% active ingredient level is 0.000000002

Western Chemical's Parasite – S: this product is administered at a rate of 4.8 gallons over 85 minutes into 10,713 gallons of water within the raceway, which is in turn at 300 g.p.m. flows during treatment. So the treatment is 0.056 gallons per minute into 300 g.p.m. raceway inflows.

All is discharged down to the settling basin. So the entire 4.8 gallons of Parasite – S is received by 355,348 gallons of water down there, resulting in a maximum total concentration of 0.0000135, or 0.000005 for the active ingredient.

Hach Free Chlorine Reagent Set: we used 8514 mLs. over 365 days; using the label, I could not determine how much of this product is active ingredient, so for worst case scenario I considered all of it active ingredient. The Hach CL-17 using these reagents runs 24 hours per day, and is mixed into approximately 3 c.f.s. of water, or 1,346 g.p.m. overflowing from the pre-settling basin also all 24 hours of the day.

Reagent use is thus 23.33 mLs per day, or 0.0092 gallons per day. This is discharged into 1,938,240 gallons of water over 24 hours, and yields a total concentration of 0.000000003.

The active ingredients for:

1.75% Iodine = 1.75% from Nonylphenoxypoly (ethyleneoxy) ethanol-iodine complex

PVP Iodine = 10% Povidone-Iodine Complex providing 1.0% minimum titratable iodine

Parasite – S = 37% formaldehyde

Effluent from the Main Hatchery Building (containing PVP Iodine used in water-hardening freshly spawned eggs) and Parasite – S are routed to the EPA Pond as is Parasite – S from the adult holding ponds. The hatchery 100% switched away from the former use of Perox – Aid for treating adults during the 2016 season; the last use of Perox – Aid was during the 2015 adult holding period.

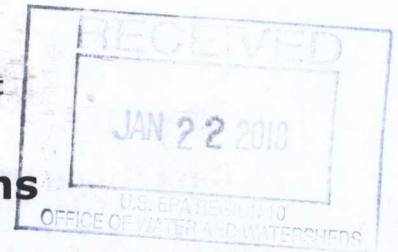
Both the PVP and 1.75% Iodine solutions do not necessarily end up in the hatchery effluent, but are also used to disinfect raingear, waders and other equipment brought in by our partners before actual use at this station.

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Annual Report of Operations
for Year 2017



To comply with NPDES General Permit No. WAG130000 for Federal
Aquaculture Facilities and Aquaculture Facilities Located in Indian
Country within the Boundaries of the State of Washington

NPDES # for your Facility:

WAG 130022

Facility & Owner Information

Facility Name:	Quilcene National Fish Hatchery	
Operator Name (Permittee):	U.S. Fish and Wildlife Service	
Address:	281 Fish Hatchery Road Quilcene, Washington 98376	
Email:	dan_magneson@fws.gov	Phone: (360) 765-3334 ext. 3
Owner Name (if different from operator):		
Email:	Phone:	

Best Management Practices (BMP) Plan

Has the BMP Plan been reviewed this year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the BMP Plan fulfill the requirements of the General Permit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Summarize any changes to the BMP Plan since the last annual report. Attach additional pages if necessary.	

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Operations and Production

Total harvestable weight produced in the past calendar year in pounds (lbs): 34,846
Pounds of food fed to fish during the maximum month: 5676

List the species grown or held at your facility and the annual production of each in gross harvestable weight. If fish were released rather than harvested, list the weight at time of release.

Species	Fish Produced	Receiving Water(s) to which Fish were Released	Month Released/ Spawned
<u>Coho Salmon</u>	<u>33,094/lbs</u>	<u>As smolts into the Big Quilcene River</u>	<u>April 2017</u>

Fill in the table below with production numbers from the past year. List the **maximum** amount of fish on-site and the maximum amount of food fed **per month**.

Month	Total Fish (lbs)	Fish Feed (lbs)	Month	Total Fish (lbs)	Fish Feed (lbs)
January	<u>22,725</u>	<u>1454</u>	July	<u>10,672</u>	<u>2904</u>
February	<u>24,877</u>	<u>1963</u>	August	<u>15,420</u>	<u>3608</u>
March	<u>30,017</u>	<u>4048</u>	September	<u>19,309</u>	<u>3036</u>
April	<u>36,014</u>	<u>5676</u>	October	<u>21,328</u>	<u>2244</u>
May	<u>5,141</u>	<u>2200</u>	November	<u>22,822</u>	<u>1364</u>
June	<u>8,223</u>	<u>1760</u>	December	<u>23,657</u>	<u>1364</u>

Additional Comments:

No Medicated Feeds Were Used At All - Just Regular Production Ron Feed

There was no transfer of coho presmolts to the Skokomish Tribal Net Pen in Quilcene Bay in 2017 due to chronic and severe harmful algae blooms. All fish retained and released on-station.



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Solid Waste Disposal

Describe the solid waste disposed of during the calendar year (including fish mortalities).

Type of Solid Disposed	Date Disposed	Location Disposed

Additional Comments: *EPA Pond was cleaned last in May 2016. Fish mortalities: juveniles to Transfer Station/Landfill Dump; Adults to hole excavated at hatchery grounds*

Fish Mortalities

Include a description and the dates of mass mortalities in the past year (more than 5% per week). Attach additional pages, if necessary. Include total mortalities from all causes.

Date	Cause of Deaths	Steps Taken to Correct Problem	Pounds of Fish

Additional Comments:

No Mass Mortality in Calendar 2017

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Noncompliance Summary

Include a description and the dates of noncompliance events (including spills), the reasons for the incidents, and the steps taken to correct the problems. Attach additional pages, if necessary.

*No Non-Compliance Events in
Calendar Year 2017*

Inspections & Repairs for Production & Wastewater Treatment Systems

Date Inspected	Date Repaired	Description of System Inspected and/or Repaired
<i>May 2017</i>	<i>No Repairs Needed</i>	<i>INSPECTED: Intakes, All Settling Basins, Raceway Banks, Fish Ladder and Receiving Channel, Drain Pit.</i>

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Aquaculture Drugs and Chemicals

Please indicate whether you used each drug/chemical **during the past calendar year**.

Describe the use of each drug/chemical in more detail on the following pages.

Used in the past year?	Drug or Chemical
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Azithromycin
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Chloramine-T: <i>See additional reporting requirements on page 7</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Chlorine
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Draxxin
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Erythromycin - injectable
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Erythromycin - medicated feed
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Florfenicol (Aquaflor)
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Formalin - 37% formaldehyde: <i>See additional reporting requirements on page 7</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Herbicide - describe:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hormone - describe:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hydrogen Peroxide: <i>See additional reporting requirements on page 7</i>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Iodine: <i>See additional reporting requirements on page 7</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Oxytetracycline
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Potassium Permanganate: <i>See additional reporting requirements on page 7</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Romet
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	SLICE (emamectin benzoate)
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Sodium Chloride - salt
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Vibrio vaccine <i>Not discharged at hatchery - added to hauling water, slowly exchanged enroute to Quikene Bay Net Pen by pumping saltwater</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:

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Aquaculture Drugs and Chemicals (cont'd)

Describe all drug and/or chemical treatments that occurred during the year. Fill out the information below for each drug or chemical, plus page 7 for water-borne treatments. Attach additional pages as necessary.

30 minutes and 75 ppm and 6" on trough per egg handling bins 6" x 18 1/2" x 16 1/2"

Brand Name: <u>Western Chemical</u>		Generic Name: <u>Oxadine (PVP Iodine)</u>	
Reason for use: <u>Main Hatchery Building - Egg Hardening plus general disinfection</u>			
<input checked="" type="checkbox"/> Preventative/Prophylactic <input type="checkbox"/> As-needed		Total quantity of formulated product per treatment (specify units): <u>1860 mls.</u>	Total quantity of formulated product used in past year (specify units): <u>12 3/4 gallons</u>
Date(s) of treatment: <u>Each of 6 spawning events; therefore to disinfect troughs, once more to disinfect trays, for a total 8 times. January - February; September to December</u>			Total number of treatments in past year:
Maximum daily volume of treated water: <u>13 gallons</u>	Treatment concentration (specify units): <u>75 ppm</u>	Duration and frequency of treatment(s): <u>30 minutes</u>	
Method of application:	<input checked="" type="checkbox"/> Static Bath <input type="checkbox"/> Flow-through <input type="checkbox"/> Medicated Feed <input type="checkbox"/> Other (describe):		
Location in facility chemical was used (check all that apply):	<input type="checkbox"/> Raceways <input checked="" type="checkbox"/> Incubation building <input type="checkbox"/> Ponds <input type="checkbox"/> Off-line settling basin <input type="checkbox"/> Other (describe):		
Where did water treated with this chemical go? (check all that apply):	<input type="checkbox"/> Discharged w/o treatment <input checked="" type="checkbox"/> Settling basin <input type="checkbox"/> Septic System <input type="checkbox"/> Publicly owned treatment works <input type="checkbox"/> Other (describe):		
Provide any additional information about how this chemical was used and/or special pollution prevention practices during use: <u>All is routed to EPA pond.</u>			

1" Bank Raceway 1120 cubic feet

Brand Name: <u>Western Chemical</u>		Generic Name: <u>1.75% Iodine</u>	
Reason for use: <u>Disinfection of fish culture implants (pond brooms, mortality nets)</u>			
<input checked="" type="checkbox"/> Preventative/Prophylactic <input type="checkbox"/> As-needed		Total quantity of formulated product per treatment: <u>00.18</u>	Total quantity of formulated product used in past year (specify units): <u>10 gallons</u>
Date(s) of treatment: <u>Year-Round on Outdoor Raceways</u>			Total number of treatments in past year: <u>270 days</u>
Maximum daily volume of treated water: <u>8,379 gallons</u>	Treatment concentration (specify units): <u>0.000000107 gallons</u>	Duration and frequency of treatment(s): <u>A quick dip is all</u>	
Method of application:	<input type="checkbox"/> Static Bath <input checked="" type="checkbox"/> Flow-through <input type="checkbox"/> Medicated Feed <input type="checkbox"/> Other (describe):		
Location in facility chemical was used (check all that apply):	<input checked="" type="checkbox"/> Raceways <input type="checkbox"/> Incubation building <input type="checkbox"/> Ponds <input type="checkbox"/> Off-line settling basin <input type="checkbox"/> Other (describe):		
Where did water treated with this chemical go? (check all that apply):	<input checked="" type="checkbox"/> Discharged w/o treatment <input checked="" type="checkbox"/> Settling basin <input type="checkbox"/> Septic System <input type="checkbox"/> Publicly owned treatment works <input type="checkbox"/> Other (describe):		
Provide any additional information about how this chemical was used and/or special pollution prevention practices during use:			

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Aquaculture Drugs and Chemicals (cont'd)

Describe all drug and/or chemical treatments that occurred during the year. Fill out the information below for each drug or chemical, plus page 7 for water-borne treatments. Attach additional pages as necessary.

Brand Name: <u>Western Chemical</u>		Generic Name: <u>Parasite-S</u>	
Reason for use: <u>Maintenance of Adult Coho Brookstock in Continued Good Health, Egg Anti-Fungal Treatment</u>			
<input checked="" type="checkbox"/> Preventative/Prophylactic <input type="checkbox"/> As-needed	Total quantity of formulated product per treatment (specify units): <u>4.8 gallons</u>	Total quantity of formulated product used in past year (specify units): <u>252 gallons</u>	
Date(s) of treatment: <u>August 30 - December 13, 2017</u>		<u>Treated Monday - Wednesday - Fridays including holidays</u>	Total number of treatments in past year: <u>47</u>
Maximum daily volume of treated water:	Treatment concentration (specify units):	Duration and frequency of treatment(s): <u>M-W-F 4.8 gallons dispensed over 85 minutes into 300gpm raceway flows</u>	
Method of application: <input type="checkbox"/> Static Bath <input checked="" type="checkbox"/> Flow-through		<input type="checkbox"/> Medicated Feed <input type="checkbox"/> Other (describe):	
Location in facility chemical was used (check all that apply): <input checked="" type="checkbox"/> Raceways <input type="checkbox"/> Incubation building		<input type="checkbox"/> Ponds <input type="checkbox"/> Off-line settling basin <input type="checkbox"/> Other (describe):	
Where did water treated with this chemical go? (check all that apply): <input type="checkbox"/> Discharged w/o treatment <input checked="" type="checkbox"/> Settling basin		<input type="checkbox"/> Septic System <input type="checkbox"/> Publicly owned treatment works <input type="checkbox"/> Other (describe):	
Provide any additional information about how this chemical was used and/or special pollution prevention practices during use: <u>Metered out by pump. All is routed to EPA settling pond.</u>			

Brand Name: <u>Hach</u>		Generic Name: <u>25569-00 Free Chlorine Reagent Set</u>	
Reason for use: <u>Measure/Monitor Free Chlorine Levels</u>			
<input checked="" type="checkbox"/> Preventative/Prophylactic <input type="checkbox"/> As-needed	Total quantity of formulated product per treatment: <u>each set = 946 mls</u>	Total quantity of formulated product used in past year (specify units): <u>9 sets of reagents = 8,514 mls.</u>	
Date(s) of treatment: <u>January 1, 2017 - December 31, 2017</u>		Total number of treatments in past year: <u>Continuous 365 days</u>	
Maximum daily volume of treated water: <u>in 24 hours, 1,938,240 gallons</u>	Treatment concentration (specify units):	Duration and frequency of treatment(s): <u>Continuous 24 hours per day 7 days per week.</u>	
Method of application: <input type="checkbox"/> Static Bath <input checked="" type="checkbox"/> Flow-through		<input type="checkbox"/> Medicated Feed <input type="checkbox"/> Other (describe):	
Location in facility chemical was used (check all that apply): <input type="checkbox"/> Raceways <input type="checkbox"/> Incubation building		<input type="checkbox"/> Ponds <input type="checkbox"/> Off-line settling basin <input checked="" type="checkbox"/> Other (describe): <u>Isolation Building when in operation - currently only Domestic Water</u>	
Where did water treated with this chemical go? (check all that apply): <input checked="" type="checkbox"/> Discharged w/o treatment <input type="checkbox"/> Settling basin		<input type="checkbox"/> Septic System <input type="checkbox"/> Publicly owned treatment works <input type="checkbox"/> Other (describe):	
Provide any additional information about how this chemical was used and/or special pollution prevention practices during use:			

3 c.f.s.
Pre-Settling Basin
Over-Flow
5,400 gpm
over 9 raceways

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Aquaculture Drugs and Chemicals (cont'd)

Additional Reporting Requirements for Water-Borne Treatments

- If a water-borne treatment was used during the calendar year, Permittees must include detailed records/calculations as an attachment to this Annual Report in order to demonstrate how the maximum effluent concentrations of solution and active ingredient were calculated for each chemical.
- EPA recognizes that water-borne treatments may vary in the volume of the vessels treated, concentration, quantity of product, etc. Permittees must provide the information listed in the following tables for a reasonable worst case (i.e., maximum effluent concentration) scenario, not for each individual treatment.
- Permittees must submit this information and calculate the maximum effluent concentration for each water-borne chemical used during the past calendar year.
- See also Appendix D for the Chemical Log Sheet.

Static Bath Treatments <i>See Attached Sheet</i>		
Tank Volume	<i>16 1/2" x 182 1/2" x 5" egg trough</i>	Liters
Desired Static Bath Treatment Concentration	<i>75 ppm active solution</i>	µg/L
Volume of Product Needed	<i>1860 mLs.</i>	Liters Product
Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient	Solution: Active Ingredient:	Specify Units
Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day	<i>5,400 gallons per minute x 60 minutes x 24 hours = 7,776,000 gallons</i>	Specify Units
Maximum % of Facility Discharge Treated	<i>an FVP Iodine to Settling Pond</i>	<i>100</i> % of Total Discharge

Flow-Through Treatments <i>See Attached Sheet</i>		
Tank Volume		Liters
Calculated Flow Rate		Liters/Minute
Duration of Treatment		Minutes
Desired Flow-Through Treatment Concentration of Product		µg/L
Amount of Product to Add Initially		Liters Product
Amount of Product to Add During Treatment		mL/Minute
Total Volume of Product Needed		Liters Product
Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient	Solution: Active Ingredient:	Specify Units
Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day	<i>5,400 gallons per minute x 60 minutes x 24 hours = 7,776,000 gallons</i>	Specify Units
Maximum % of Facility Discharge Treated	<i>2.83%</i>	% of Total Discharge

complete cleaning of all 24 raceways = 220,211 gallons to EPA settling Pond.

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Changes to the Facility or Operations

Describe any changes to the facility or operations since the last annual report.

None.

Signature and Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly evaluate and gather the information submitted. Based on my inquiry of the person or persons, who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

	<i>Daniel M. Magnuson</i>
Printed name of person signing	Title <i>Assistant Hatchery Manager</i>
Applicant Signature	Date Signed <i>January 19, 2018</i>

Submittal Information

Send the complete, signed information, along with any attachments, to the following address:

U.S. EPA Region 10, OWW-191
Washington Hatchery Annual Report
1200 Sixth Avenue, Suite 900
Seattle, WA 98101-3140

2017 ANNUAL REPORT FOR QUILCENE NATIONAL FISH HATCHERY

CHEMICAL USE IN FISH CULTURE

Western Chemical's Ovadine (PVP Iodine): 1860 mls are used, equating to 0.49 gallons. This is routed to the settling basin and further diluted by the 355,348 gallons of water in the settling basin itself.

This is thus a 0.000001378 total product concentration, and for total active ingredient is 0.000000137

Western Chemical's 1.75% Iodine: the highest concentration would be dipping mortality without pond cleaning. Since mortality is generally at the tail screens and at our 600 g.p.m. flows per raceway it is quickly overflowed out of the raceway, it is being diluted by 9 raceways X 600 g.p.m. each = 5,400 g.p.m. aggregate flows. So 0.0009 gallons per dip of 1.75% Iodine total product concentration is thus 0.000000166, and at its 1.75% active ingredient level is 0.000000002

Western Chemical's Parasite – S: this product is administered at a rate of 4.8 gallons over 85 minutes into 10,713 gallons of water within the raceway, which is in turn at 300 g.p.m. flows during treatment. So the treatment is 0.056 gallons per minute into 300 g.p.m. raceway inflows.

All is discharged down to the settling basin. So the entire 4.8 gallons of Parasite – S is received by 355,348 gallons of water down there, resulting in a maximum total concentration of 0.0000135, or 0.000005 for the active ingredient.

Hach Free Chlorine Reagent Set: we use 946 mLs. over 60 days; using the label, I could not determine how much of this product is active ingredient, so for worst case scenario I considered all of it active ingredient. The Hach CL-17 using these reagents runs 24 hours per day, and is mixed into approximately 3 c.f.s. of water, or 1,346 g.p.m. overflowing from the pre-settling basin also all 24 hours of the day.

Reagent use is thus 15.77 mLs per day, or 0.0062 gallons per day. This is discharged into 1,938,240 gallons of water over 24 hours, and yields a total concentration of 0.000000003.

The active ingredients for:

1.75% Iodine = 1.75% from Nonylphenoxypoly (ethyleneoxy) ethanol-iodine complex

PVP Iodine = 10% Povidone-Iodine Complex providing 1.0% minimum titratable iodine

Parasite – S = 37% formaldehyde

Effluent from the Main Hatchery Building (containing PVP Iodine used in water-hardening freshly spawned eggs) and Parasite – S are routed to the EPA Pond as is Parasite – S from the adult holding ponds. The hatchery 100% switched away from the former use of Perox – Aid for treating adults during the 2016 season; the last use of Perox – Aid was during the 2015 adult holding period.

Both the PVP and 1.75% Iodine solutions do not necessarily end up in the hatchery effluent, but are also used to disinfect raingear, waders and other equipment brought in by our partners before actual use at this station.